MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11625

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place) 82 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) JOSHUA (Middle) ROLLINS (Last) BUNTING

4. DATE OF DEATH: (Month) NOV. (Day) 24 (Year) 1953.

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 12, 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: FARMER

10b. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (State or foreign country): BERLIN, MD (R.F.D.)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSHUA BUNTING

14. MOTHER'S MAIDEN NAME: SARAH HEARN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: MRS. J.R. BUNTING, BERLIN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

592X

Immediate cause (a) Chronic Myocarditis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 6 mo
DUE TO (c) Chr. Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. ,1953., to Nov 24, 1953, that I last saw the deceased alive on Nov 23, 1953., and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Chas R. Law M.D. Berlin Md Nov. 27-1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 11/29/53

NAME OF CEMETERY OR CREMATORY TAYLORVILLE

LOCATION (City, town, or county) (State) BERLIN, MD. R.F.D.

DATE REC'D BY LOCAL REGISTRAR 11-27-53

REGISTRAR'S SIGNATURE Helen F. Hayward

24. FUNERAL DIRECTOR Amos A. Bunting ADDRESS Berlin Md

VS. A

RECEIVED
NOV 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11626

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whaleyville — LENGTH OF STAY (in this place): 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whaleyville
STREET ADDRESS (If rural, give location): No #

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) Harry (Last) Davis
4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 8 1873
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm.
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mitchell Davis
14. MOTHER'S MAIDEN NAME: Kalena Dennis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ — (If year, give war or dates of service): ✓
16. SOCIAL SECURITY No.: ✓
17. INFORMANT AND ADDRESS: Mrs. William Williams Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592+ Immediate cause (a) Chronic Int. Nephritis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20, 1953, to 11-2-53, 19..., that I last saw the deceased alive on 11-1-53, 19..., and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE: Clifford E. Schatt M.D. (Degree or title) — ADDRESS: Berlin Md — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 11-3-53 — NAME OF CEMETERY OR CREMATORY: Dale — LOCATION (City, town, or county) (State): Whaleyville Md.

DATE REC'D BY LOCAL REG.: 11-3-53 — REGISTRAR'S SIGNATURE: Helen F Hayward
24. FUNERAL DIRECTOR: Peter Whaley Selbyville, Del. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11627

Reg. Dist. No. 355

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville
LENGTH OF STAY (in this place) 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Worc.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Eva (Middle) Fregland (Last) Eisenberger

4. DATE OF DEATH (Month) Nov. (Day) 14 (Year) 1953

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH Dec. 5 1873 | 9. AGE last birthday 79 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (State or foreign country) Patterson, N. J. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Simonton | 14. MOTHER'S MAIDEN NAME Julia Singet.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT AND ADDRESS Mrs Hazel Bikt, Glen Rock N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916.0 Immediate cause (a) Third Degree Burns 80% of Body — Interval Between Onset and Death: Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rapid Heart failure + Shock

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Whaleyville (COUNTY) Worcester (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 14 1953 A.m., | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Clothing caught fire while lighting stove

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Herman A. Rabkin M.D. | ADDRESS 5 Bay St Berlin, Md. | DATE SIGNED 11/14/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 11 14 53 | NAME OF CEMETERY OR CREMATORY Cedar Lawn | LOCATION (City, town, or county) Patterson (State) N.J.

DATE REC'D BY LOCAL REG. Nov 17, 1953 | REGISTRAR'S SIGNATURE Helen F. Hayward | 24. FUNERAL DIRECTOR Thomas A. Burbage | ADDRESS Berlin Md

RECEIVED
NOV 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11628

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Berlin
LENGTH OF STAY (In this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS R2 Berlin Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Purnell St.

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) JEROME (Last) EVANS
4. DATE OF DEATH (Month) Nov (Day) 8 (Year) 1953

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec 27 76
9. AGE last birthday 76 yrs. If under 1 year: Months | Days; If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME David Evans
14. MOTHER'S MAIDEN NAME Charlotte Daisey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Maude Brownley, Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion, acute — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Phlebitis left leg 8 weeks ago.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H. Townsend. (Degree or title) Mo. Deputy Medical Examiner Wor. Co. Md. ADDRESS Ocean City Md DATE SIGNED Nov. 8 53.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/11/53
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 11-11-53
REGISTRAR'S SIGNATURE Helen F. Hayward.
24. FUNERAL DIRECTOR Bruce A Bunbury ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V-15A

RECEIVED
NOV 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11629

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin R.F.D.
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wor.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin X
STREET ADDRESS (If rural give location) The Oaks R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Alice Virginia Fears
4. DATE OF DEATH: (Month) (Day) (Year) Nov. 27, 1953.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Nov. 16, 1865
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Tennessee 39
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dr. William Alexander Tatom
14. MOTHER'S MAIDEN NAME: Mary Davis.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Mrs. F.E. Humphreys, New York City, N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X

Immediate cause (a) Cerebral Hemorrhage — 6 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 4 years.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1949, to 27 Nov., 1953, that I last saw the deceased alive on 27 Nov, 1953, and that death occurred at 11:40 PM, from the causes and on the date stated above.

SIGNATURE N. L. Thomas (Degree or title) M.D. ADDRESS Ocean City, Md DATE SIGNED 1 Dec 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/1/53
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md.
DATE REC'D BY LOCAL REGISTRAR 12-1-53
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
DEC 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11630

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Burley Street

3. NAME OF DECEASED (Type or Print) (First) Eva (Middle) Lee (Last) Halston

4. DATE OF DEATH (Month) Nov. (Day) 27 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Aug 22 1879
9. AGE last birthday 74 yrs. If under 1 year Months. Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Halland Smack
14. MOTHER'S MAIDEN NAME Annie Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Bessie Davis Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170X Immediate cause (a) Cardiac failure & pulmonary congestion — 1 year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastatic Carcinoma

(c) Cancer of breast

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pathological fractures (multiple)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 10, 1953, to Nov. 27, 1953, that I last saw the deceased alive on Nov. 27, 1953, and that death occurred at 10:51 P. m., from the causes and on the date stated above.

SIGNATURE Robert A. Grubb (Degree or title) M.D. ADDRESS Berlin, Md. DATE SIGNED Nov. 28, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 11/29/53.
NAME OF CEMETERY OR CREMATORY Bowen
LOCATION (City, town, or county) Newark (State) Md

DATE REC'D BY LOCAL REG. 11-28-53
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Peter Whaley Selbyville Del. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

RECEIVED
DEC 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11631

CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH: COUNTY Worcester Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopville, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Worcester Co. Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Little Georgetown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CLARA (Middle) COLLINS (Last) HUDSON
4. DATE OF DEATH (Month) 11 (Day) 17 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 11 1875
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Collins
14. MOTHER'S MAIDEN NAME Isabella Derickson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Edna Jester Bishopville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4200

Immediate cause (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: not known

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) C failure

(c) senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1953, to 17 Nov, 1953, that I last saw the deceased alive on 17 Nov, 1953, and that death occurred at 10 05 A m., from the causes and on the date stated above.

SIGNATURE Earl B McFadden, M.D. (Degree or title) ADDRESS Selbyville, Del. DATE SIGNED 17 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/20/53.
NAME OF CEMETERY OR CREMATORY Lynchis Cem.
LOCATION (City, town, or county) Selbyville (State) Del

DATE REC'D BY LOCAL REG. 11-18-53
REGISTRAR'S SIGNATURE Mrs. Hilda R. Bergey mad.
24. FUNERAL DIRECTOR Henry H. Watson Pocomoke Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11632

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
COUNTY WORCESTER MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NEWARK. X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WOR.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NEWARK X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) Khesure (Last) JARVIS

4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1953

5. SEX: M

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER

8. DATE OF BIRTH: July 31, 1877 (77)

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BERLIN MD. RFD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM JARVIS

14. MOTHER'S MAIDEN NAME: SARAH BOWEN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: NO

17. INFORMANT & ADDRESS: MRS. RYDIA HADDER, OCEAN CITY MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443X (a) Acute Pulmonary Edema — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardiovascular disease — 10 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left Inguinal Hernia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1953, to Nov. 5, 1953, that I last saw the deceased alive on Nov. 4, 1953, and that death occurred at 6:30 P, from the causes and on the date stated above.

SIGNATURE Joseph L. LaMar MD (Degree or title) ADDRESS Snow Hill DATE SIGNED 11-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 11/8/53

NAME OF CEMETERY OR CREMATORY TAYLORVILLE

LOCATION (City, town, or county) (State) BERLIN (RFD. MD

DATE REC'D BY LOCAL REGISTRAR 11/7/53

REGISTRAR'S SIGNATURE Guy E. Cooper

24. FUNERAL DIRECTOR Dennis A. Burbage ADDRESS Berlin MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

RECEIVED
NOV 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11633

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke — LENGTH OF STAY (in this place) 1 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural, give location) 505 Walnut St

3. NAME OF DECEASED (Type or Print): (First) Percy (Middle) Hendrix (Last) Fenton
4. DATE OF DEATH: (Month) Nov (Day) 2nd (Year) 1953

5. SEX M. | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH Dec 24th 1885 | 9. AGE last birthday 68 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Shop Work
11. BIRTHPLACE (State or foreign country) Davis Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James H. Fenton
14. MOTHER'S MAIDEN NAME Georgiana Bessley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 216-14-2490
17. INFORMANT AND ADDRESS John Hutchinson — Pocomoke City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suicide by Hanging — Few minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Due to Melancholy

(c) Due to declining health

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Crapulety to work

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐, No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Home | (CITY OR TOWN) Pocomoke | (COUNTY) Worcester | (STATE) Md

TIME OF INJURY (Month) 11 (Day) 2 (Year) 1953 (Hour) 11:15 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Hung himself

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE Dr. C. Vantorius — Dep. Medicom (Degree or title) ADDRESS Pocomoke City Md DATE SIGNED 11/2/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 11-4-53 | NAME OF CEMETERY OR CREMATORY Ellis Cemetery | LOCATION (City, town, or county) Davis, Va (State)

DATE REC'D BY LOCAL REG. Nov. 4 1953 | REGISTRAR'S SIGNATURE Anne C. White | 24. FUNERAL DIRECTOR Dennis & Watson ADDRESS Pocomoke, Md.

VS-15A

RECEIVED
NOV 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 11642

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
LENGTH OF STAY (If not this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hayden Bros Motor Co

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va COUNTY Accomack
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chincoteague V. 43-3
STREET ADDRESS (If rural, give location) Bebe Rand road

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) Walker (Last) Lunn
4. DATE OF DEATH: (Month) 11 (Day) 17 (Year) 1953

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH Nov 22 29 | 9. AGE last birthday 24 yrs | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Ship yard
11. BIRTHPLACE (State or foreign country) Chincoteague Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Archie Lunn
14. MOTHER'S MAIDEN NAME Molly Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 225-16-3348
17. INFORMANT AND ADDRESS Isabelle Lunn (wife) Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH few minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio - Vascular.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Strenuous work shortly before death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY Hayden Co. (CITY OR TOWN) Pocomoke City (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H. E. Sartorius (Degree or Title) M.D. ADDRESS Pocomoke City, Md DATE SIGNED 12/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11-19-53 | NAME OF CEMETERY OR CREMATORY Lunn Family Cemetery | LOCATION (City, town, or county) (State) Chincoteague, Va.

DATE REC'D BY LOCAL REG. Dec. 17, 1953 | REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR ADDRESS William B. Salyer, Chincoteague, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 21 1953
BUREAU V. S.

Film#G159 Item# 14 11/24/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11634

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

COUNTY WORCESTER MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BERLIN X

LENGTH OF STAY (in this place) 12 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY WOR.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BERLIN X

STREET ADDRESS (If rural give location) BROAD ST.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) RAYMOND THOMAS MUMFORD

4. DATE OF DEATH: (Month) (Day) (Year) NOV 15 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: OCT. 23, 1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): PAINTER

10b. KIND OF BUSINESS OR INDUSTRY: OWN BUSINESS

11. BIRTHPLACE (State or foreign country): PHILADELPHIA PA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: THOMAS O. MUMFORD.

14. MOTHER'S MAIDEN NAME: Laura Timmons

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MRS. R.T. MUMFORD BERLIN MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Massive Coronary Thrombosis not to — Interval Between Onset And Death: Minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Atherosclerotic Heart Disease c̄ Coronary Sclerosis — 5 yrs.

DUE TO

(260X) (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 12 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to Nov 15, 1953, that I last saw the deceased alive on Nov 15, 1953, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Hermann A. Rahbner M.D. ADDRESS Berlin, Md DATE SIGNED 11/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 11/18/53

NAME OF CEMETERY OR CREMATORY EVERGREEN

LOCATION (City, town, or county) BERLIN (State) MD

DATE REC'D BY LOCAL REGISTRAR 11-17-53

REGISTRAR'S SIGNATURE Helen F. Hayward.

24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

1

RECEIVED
NOV 19 1953
BUREAU V. S.

11635

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill, Rural #1
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Snow Hill X - Rural
STREET ADDRESS (If rural, give location) R2D #1

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) H (Last) Purnell
4. DATE OF DEATH (Month) 11 (Day) 22 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept. 10 1898
9. AGE last birthday: 54-2 70 12 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Purnell
14. MOTHER'S MAIDEN NAME: Mariah Blake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ✓
16. SOCIAL SECURITY No.: 097-09-9945
17. INFORMANT & ADDRESS: Mr Harrison S Purnell Pocomoke City, Md Rural #2 Member of Family

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 812 X

Immediate cause (a) Hemorrhage of lungs - also other fatal injuries

Antecedent cause(s) DUE TO (b) Crushing injuries to lungs, other organs and extremities

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Bumy struck, dragged, run over by automobile

INTERVAL BETWEEN ONSET AND DEATH: Few minutes

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Visibility bad due to heavy smog

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY County road
21c. (City or town) 3½ miles Snow Hill (County) Worcester (State) Md

21d. TIME OF INJURY (Month) 11 (Day) 22 (Year) 1953 (Hour) 12:20 a M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? 1 struck by an auto while walking on road

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Dr. N. E. Sartorius M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov. 24/53
NAME OF CEMETERY OR CREMATORY Mt Wesley
LOCATION (City, town, or county) Snow Hill, Worcester (State) Md

DATE REC'D BY LOCAL REG. Nov. 24, 53
REGISTRAR'S SIGNATURE Eleyn C. Cooper
24. FUNERAL DIRECTOR Alley C. Nimmis, Snow Hill, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]-5-53

RECEIVED
NOV 27 1953
BUREAU V. S.

Film#G159 Item# 9 12/2/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11636

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY WORCESTER MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BERLIN X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WOR.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BERLIN X
STREET ADDRESS (If rural give location) S. MAIN ST.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MARGARETTA EMLEN PURNELL
4. DATE OF DEATH: (Month) (Day) (Year) NOV. 17 1953.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: JAN. 30, 1864
9. AGE last birthday: 89 NYY yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): BERLIN, MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANCIS J. PURNELL
14. MOTHER'S MAIDEN NAME: SARAH ANNE TAYLOR.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MISS. NAN PURNELL BERLIN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1

Immediate cause (a) Senility, chronic Dez. Myocarditis — 12 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerosis, generalized

DUE TO (c) Cerebral Apoplexy — 24 hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis, Deformans, chronic Spine — 10 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to Nov 17, 1953, that I last saw the deceased alive on Nov 17, 1953, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE Hermann A. Robbins (Degree or title) M.D. ADDRESS Berlin, Md DATE SIGNED 11/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 11/19/53
NAME OF CEMETERY OR CREMATORY ST. PAULS CHURCH
LOCATION (City, town, or county) BERLIN (State) MD

DATE REC'D BY LOCAL REGISTRAR 11-19-53
REGISTRAR'S SIGNATURE Helen F Hayward.
24. FUNERAL DIRECTOR Bruce A. Burbage ADDRESS Berlin Md

RECEIVED
NOV 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11637

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural X
STREET ADDRESS (If rural give location) Pocomoke, Md.

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Elizabeth (Last) Waters

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 20, 1953

5. SEX: F.

6. COLOR OR RACE: C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug. 21, 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Schoolfield

14. MOTHER'S MAIDEN NAME: Ellen Gale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Deloris Waters Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

443X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 11/15/53

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertensive Cardiovasc. Dis. — 3 1/2 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/19/53 to 11/20/53 that I last saw the deceased alive on 11/18, 1953 and that death occurred at 7:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis L. Llewelyn, M.D. ADDRESS Pocomoke, Md. DATE SIGNED 11/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov. 22, 1953

NAME OF CEMETERY OR CREMATORY Univonville.

LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 21, 1953

REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR ADDRESS Edgar Wharton - New Church, Va.

RECEIVED
NOV 1953
BUREAU V. S.